

DECLARATION FOR PATENT APPLICATION (Includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER 960000000002
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As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WOUND MAPPING SYSTEM

UNSIGNED

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. *
on *,
and was amended on * (if applicable).
- ☒ was filed as PCT international application
Number PCT/IB03/006399
on December 5, 2003
and was amended under PCT Article 19
on * (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations § 1.56(a) and (b).

I hereby claim foreign priority benefits under Title 35 United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GB	0228375.2	December 5, 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

UNSIGNED

PATENT
Docket No. 960000000002

Declaration for Patent Application (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 960000000002	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:					
U.S. APPLICATIONS				STATUS (Check one)	
U S APPLICATION NUMBER	U S FILING DATE	PATENTED	PENDING	ABANDONED	
*	*	*	*	*	
PCT APPLICATIONS DESIGNATING THE U.S.				STATUS (Check one)	
PCT APPLICATION NUMBER	PCT FILING DATE	U S SERIAL NUMBERS ASSIGNED (if any)	PATENTED	PENDING	ABANDONED
*	*	*	*	*	*
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Send correspondence to: Michael R. Ward Morrison & Foerster LLP 425 Market Street, San Francisco, CA. 94105-2482				Direct telephone calls to: Michael R. Ward at 415/268-6237	
201	FULL NAME OF INVENTOR	FAMILY NAME McADAMS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME Thomas	
	RESIDENCE & CITIZENSHIP	CITY Whitehead	STATE OR FOREIGN COUNTRY Northern Ireland	COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ormsdale, 52 Cable Road	CITY Whitehead	STATE & ZIP CODE/COUNTRY Great Britain BT38 9PZ	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 ✓		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE ✓		DATE		DATE	